


NAME	Allen Linen Supply and Laundry Service	FEB 17 2009
ADDRESS	407 20th Ave Paterson N.J.	
FACILITY LOCATION	971 E 24th street Paterson N.J.	
NEW CUSTOMER ID / OUTLET ID:	27220006-1	OLD OUTLET DESIGNATION:

VOLUME DISCHARGED THIS PERIOD	
1,475,461	GALLONS
GALLONS	
EFFLUENT METER READING LAST DAY	
THIS PERIOD	

[illegible]

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE		TELEPHONE NUMBER
	Chris Gomez Operations Mgr		973-742-6131
			2/17/2009

**ANALYTICAL DATA REPORT**

for
Allen Linen
407 20th Avenue
Paterson, NJ 07513

Project Name: PVSC MONITORING
Lab Case Number: E09-00599

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 00599-001
 Client ID: WASTEWATER COMPOSITE
 Matrix-Units: Aqueous-mg/L
 Percent Moisture: 100

Date Sampled: 1/19/2009
 Time Sampled: NA
 Date Analyzed: 1/23/09

Parameter	Result	Q	MDL
Copper	0.118		0.008
Zinc	0.190		0.008

General Analytical

Lab ID: 00599-001
 Client ID: WASTEWATER COMPOSITE
 Percent Moisture: 100

Date Sampled: 1/19/2009
 Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	1230	2.00	Aqueous-mg/L	1/21/2009 8:00
Total Suspended Solids	620	125	Aqueous-mg/L	1/22/2009 11:00

273 Franklin Road
Randolph, NJ 07869
Phone: 973 361 4252
Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program



ANALYTICAL DATA REPORT

for
Allen Linen
407 20th Avenue
Paterson, NJ 07513

Project Name: PVSC MONITORING
Lab Case Number: E09-00599

MDL = METHOD DETECTION LIMIT

General Analytical

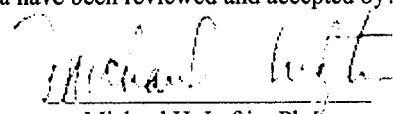
Lab ID: 00599-002
Client ID: WASTE GRAB
Percent Moisture: 100

Date Sampled: 1/19/2009
Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
TPH- SGT HEM	ND	5.38	Aqueous-mg/L	2/2/2009 13:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:


Michael H. Leftin, Ph.D.
Laboratory Director

273 Franklin Road
Randolph, NJ 07869
Phone: 973 361 4252
Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (R0126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

CUSTOMER INFO

Company: Allen Linen
Address: 407 20th Ave
Paterson N.J.07513
Telephone #:
Fax #:
Project Manager:
Sampler: Hanover Controls
Project Name: PVSC MONITORING
Project Location (State): NJ
Bottle Order #:
Quote #:

REPORTING INFO

REPORT TO:	Hanover Controls
Address:	11 Windsor W.
East Hanover N.J. 07936	
Attn:	John Ceresnak
FAX #	E-Mail cerez4741@optonline.net
INVOICE TO:	Above
Address:	
Attn:	
PO #	


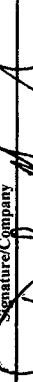
SAMPLE INFORMATION

[illegible]

	Known Hazard:	Yes or No	Describe:
1. <i>Staphylococcus aureus</i>			
2. <i>Escherichia coli</i>			
3. <i>Salmonella</i>			
4. <i>Shigella</i>			
5. <i>Campylobacter</i>			
6. <i>Yersinia</i>			
7. <i>Clostridium</i>			
8. <i>Listeria</i>			
9. <i>Brucella</i>			
10. <i>Mycobacterium</i>			
11. <i>Coccidioides</i>			
12. <i>Histoplasma</i>			
13. <i>Cryptosporidium</i>			
14. <i>Toxoplasma</i>			
15. <i>Giardia</i>			
16. <i>Trichinella</i>			
17. <i>Parascaris</i>			
18. <i>Strongylus</i>			
19. <i>Oxyuris</i>			
20. <i>Ascaris</i>			
21. <i>Trichostrongylus</i>			
22. <i>Haemonchus</i>			
23. <i>Trichostrongylus axei</i>			
24. <i>Ostertagia circumcincta</i>			
25. <i>Trichostrongylus colubriformis</i>			
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93. <i>Trichostrongylus colubriformis</i>			

Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any ambiguities have been resolved.

ambiguities have been resolved.

Signature/Company	Date	Time	Signature/Company
Relinquished by: 	1/20/2009	3:01	Received by: 
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

AB COPIES - WHITE & YELLOW; CLIENT COPY - PINK

Turnaround Time (starts the following day if samples rec'd at lab > 5PM)			
Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT GUARANTEED WITHOUT LAB APPROVAL. RUSH SURCHARGES WILL APPLY IF ABLE TO ACCOMMODATE.**			
Conditional TPHC		Results needed by:	Rush TAT Charge**
Report Format	DISKETTE		
24 hr*	48 hr	72 hr	NA
Verbal/Fax	2 wk/Std		
24 hr*	48 hr*	72 hr*	1 wk*
Hard Copy	3 wk/Std		
2 wk* call for price			

ANALYTICAL PARAMETERS

[illegible]

	Conc.	Expected:	Low	Med	High
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MDL Req: GWQS - SCC - OTHER (SEE COMMENTS)

Comments:

Lab Case #

PAGE: of

Allen Linen Process Water Meter Reading

01/01/09 starting water meter reading 94070438 gallons

01/31/09 ending meter reading 95545899 gallons

95545899

94070438

1475461 gallons

1475461 total gallons for the month of January

1475461 divided by 17 days = 86791 gallons per day

Allen Linen 01/09 Sanitary Meter Reading

827780 starting reading

835580 ending reading

835580

827780

7800 gallons

7800 divided by 17 = 458 gpd

USER CHARGE SELF MONITORING REPORTNAME Allen Linen Supply and LaundryADDRESS 407 20th Ave Paterson N.J.

FEB 17 2009

FACILITY LOCATION 971 E 24th Street Paterson N.J.NEW CUSTOMER ID / OUTLET ID: 272200066-2

OLD OUTLET DESIGNATION:

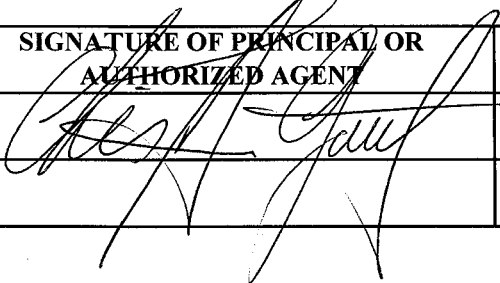
MONITORING PERIOD					
START			END		
01	01	09	01	31	09
MO	DAY	YR	MO	DAY	YR

VOLUME DISCHARGED THIS PERIOD		
sanitary	7,800	GALLONS
EFFLUENT METER READING LAST DAY THIS PERIOD		

DATE	BOD	TSS
1/31	137	131

DATE	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
	Chris Gomez Operations Mgr	973-742-6131
		2/17/2009

PVSC FORM MR-2 REV .3 6/93

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